

# EXHIBIT A

**JUVENILE**  
**CONFIDENTIAL**

A D M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.S. only) <b>4 0 16-009539</b>	Request Warrant Reason Capias <b>3</b>	JUVENILE
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type <b>None/not Applicable</b>	
	Location of Arrest (Including Name of Business) <b>WARRANT REQUEST</b>					
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time
			<b>10/20/2016</b>	<b>17:28</b>		
	Name (Last, First, Middle)					
	Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race	Sex	Date of Birth	Height	Weight	Eye Color
	W - White B - Black O - Oriental/Asian	<b>W</b>	<b>04/22/1959</b>	<b>6'00</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion	Indication of: Alcohol Influence Drug Influence
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State
						<b>1</b>
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source
						<b>FL DRIVERS LICENSE</b>
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation
						<b>Owner</b>
	D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship	
	<b>F</b> / <b>FL</b>					
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone		
	<input type="checkbox"/> Legal Custodian					
	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone		
	Notified by: (Name)			Date	Time	JUVENILE DISPOSITION
						1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
	Released To: (Name) Relationship			Date	Time	
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended		Grade
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property		
	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other			Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		
	Charge Description <b>SEXUAL BATTERY VICTIM OVER 12YOA NO PHYSICAL FORCE</b>			Statute Violation Number <b>794.011(5)</b>		Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
		<b>N</b>		<b>16-009539</b>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	Charge Description			Statute Violation Number		Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
						<input type="checkbox"/> Y <input type="checkbox"/> N
	Charge Description			Statute Violation Number		Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
						<input type="checkbox"/> Y <input type="checkbox"/> N
	Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		
	<input type="checkbox"/> Postbond <input type="checkbox"/> South County Mental Health			Released By		
	Transported By			Date Transported	Time Transported	Other
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in court but must comply with instructions on Page 1			Location (Court, Room)		
				Court Date and Time		
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					
	Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed		
	HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) I.D. #		(PRINT)
				<b>LEON, OSCAR 1002</b>		
	Intake Deputy I.D. #	Pouch #	Transporting Officer I.D. #	Agency		
			<b>WARRANT REQUEST 1002</b>	<b>DBPD</b>		
	Witness here if subject signed with an "X".					

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

OBTS Number		<b>JUVENILE</b> <b>CONFIDENTIAL</b>		3 Request for Warrant 4 Request for Capias		<b>3</b>	JUVENILE	<b>X</b>
Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 16-009539</b>				
Charge Type, Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
Name (Last, First, Middle) [REDACTED]				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/22/1959</b>
Charge Description <b>794.011(5) SEXUAL BATTERY VICTIM OVER 12YOA NO PHYSICAL</b>				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) [REDACTED]				Race <b>W</b>		Sex <b>F</b>	Date of Birth [REDACTED]	
Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Address Source		
Business Address (Name, Street) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Occupation <b>STUDENT.</b>		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>4</b> day of <b>July</b>, <b>2016</b> at <b>10:05</b> (Specifically include facts constituting cause for arrest.</p> <p>The following incident occurred at [REDACTED], in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On 6/17/16, Detective Moschette and I responded to [REDACTED] in reference to a 15-year old juvenile [REDACTED] DOB: 5/12/2001) who was suspected of having sexual relations with her adult Yoga Instructor [REDACTED] DOB: 4/22/59). Upon arriving on scene, Officer Siegel briefed us on what [REDACTED]'s mother [REDACTED] had reported to him. Mrs. [REDACTED] had hired a private investigation firm (JRS Investigations 301 West Atlantic Avenue) to conduct an investigation on her daughter's interactions with [REDACTED]. Mrs. [REDACTED] reported that the interactions between [REDACTED] and her daughter were inappropriate. Mrs. [REDACTED] advised that [REDACTED] would spend a large amount of time by himself with her daughter. Mrs. [REDACTED] further stated that [REDACTED] often picks up [REDACTED] during all times of the day both early in the morning and late in the evening. Mrs. [REDACTED] stated that the investigators had informed her that they believed they had witnessed [REDACTED] smoking marijuana with [REDACTED] and that they had observed [REDACTED] coming and going from the [REDACTED] residence [REDACTED] when it was known that the only person home was [REDACTED].</p> <p>I received a copy of the JRS Investigations report on 6/27/16. Upon reviewing the report, I found that Investigator April Deboe had written that on 6/16/16, she had observed [REDACTED] inside of the [REDACTED] Residence in the presence of [REDACTED]. During this time, [REDACTED]'s wife was away on a business trip and there were no other individuals observed. Investigator Deboe wrote "This investigator observed [REDACTED] inside the personal residence of [REDACTED]. This investigator observed [REDACTED] and Mr. [REDACTED] in the nude, touching one another in a sexual manner." Investigator Deboe was able to photograph what she advised me were [REDACTED] and [REDACTED] at the front window of the residence.</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>JABCUGA, JASON</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.40)</p> <p><b>11/02/2016</b> DATE</p> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>LEON, OSCAR (1002)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/02/2016</b> DATE</p>								

<div style="display: flex; justify-content: space-between;"> <span>OBTS Number</span> <span>3</span> <span>JUVENILE</span> </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             PROBABLE CAUSE AFFIDAVIT              SUPPLEMENT           </div>		
Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Report Number <b>4 0 16-009539</b>
Charge Type, Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:
Name (Last, First, Middle) _____ Alias _____		Race: <b>W</b> Sex: <b>M</b> Date of Birth: <b>04/22/1959</b>
<div style="background-color: black; width: 100%; height: 100%; position: relative;"> <!-- Redacted content --> </div>		
<p>On 7/7/16, Detective Moschette spoke with [REDACTED] who also claimed that she had been touched inappropriately by [REDACTED]. [REDACTED] claimed that she was offered private yoga sessions at the [REDACTED] residence and during those sessions she was touched inappropriately by [REDACTED]. [REDACTED] advised that [REDACTED] fondled her breasts.</p> <p>On 8/29/16, I contacted Mr. [REDACTED] at his cell phone number and asked if he would be willing to provide a statement. [REDACTED] advised that he would like to first meet with counsel prior to providing a statement. I was later contacted by his attorney Michael D. Weinstein who informed me that his client would not be consenting to any forensic testing.</p> <p>On 9/29/16, [REDACTED] presented himself to the Delray Beach Police Department in response to a court order for a buccal sample of his DNA. A sample was collected by Detective Joseph Hart and entered into evidence.</p> <p>Due to the fact that [REDACTED] never made a formal statement and based the victim's allegations on the incident, I will be filing charges on the defendant [REDACTED] in violation of F.S.S. 794.011(5) Sexual Battery on a victim over twelve years of age but less than 18 years of age.</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><b>JABUGA, JASON</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>11/02/2016</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>LEON, OSCAR (1002)</b></p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><b>11/02/2016</b></p> <p style="text-align: center;">DATE</p> </div> </div>		